

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
09-788353
APPLICANT(S)

FILING DATE
12-01-00

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓						51						
2		✓					52						
3		✓					53						
4		✓					54						
5		✓					55						
6	✓						56						
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45	✓						95						
46	✓						96						
47	✓						97						
48		✓					98						
49		✓					99						
50		✓					100						
TOTAL IND.	13						TOTAL IND.						
TOTAL DEP.	37						TOTAL DEP.						
TOTAL CLAIMS	50						TOTAL CLAIMS						

DO NOT WRITE IN THESE SPACES

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FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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TOTAL IND.	13					
TOTAL DEP.	37					
TOTAL CLAIMS	50					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

Best Available Copy